

# INFORMATION AND COMMUNICATION SERVICES NIH - TASK ORDER

**RFTOP# 54      TITLE: Positioning Underage Drinking as a national Priority:  
A Focus Group Study**

## **PART I - REQUEST FOR TASK ORDER PROPOSALS**

**A. POINT OF CONTACT NAME:** Matthew Packard, Contract Specialist  
Edward J. Kostolansky, Contracting Officer

**Phone - (301) 443-1191**

**Fax - (301) 443-3891**

### **Proposal Address:**

CMB/NIAAA  
Willco Building, Suite 504  
6000 Executive Boulevard, MSC 7003  
Rockville, MD 20892-7003

**B. PROPOSED PERIOD OF PERFORMANCE:** 14 weeks from date of TO award.

**C. PRICING METHOD:** Firm Fixed Price. NIAAA estimates that approximately 520 labor hours will be required to complete this task.

**D. PROPOSAL INSTRUCTIONS:** Technical Proposals should be no longer than 20 pages and must be submitted to the POC at the address specified above. Proposals shall be in hard copy with an original and 3 copies of the technical proposal and an original and two copies of the cost proposal. Offerors must also submit a signed task order form with their proposal. Firms may submit proposals electronically via e-mail to [mpackard@niaaa.nih.gov](mailto:mpackard@niaaa.nih.gov) (with "RFTOP # 54 - Proposal" in the subject line), or via facsimile. In both cases, however, offerors must follow such proposal submissions with hard copies as specified above.

**E. RESPONSE DUE DATE:** 3/22/02 at noon Eastern time.

### **F. STATEMENT OF WORK:**

#### **1. Introduction and Background**

The need for a focus group study to frame the early onset drinking issue for parents, the media, and policy makers emerged at a meeting convened by the NIAAA last spring to discuss a possible White House Conference on Underage Drinking. There was unanimous

agreement at this meeting that positioning underage drinking as a national priority issue required framing the alcohol issue in a way that would engender broad support among these groups. Framing the most compelling message to ensure policy maker attention and involvement at all levels of government can best be achieved through a series of focus groups.

### *The Problem*

The problem of alcohol abuse and alcoholism touches nearly every family regardless of age, gender, ethnicity, culture, social position, or economic standing. Alcohol exacts a heavy toll on individuals and communities, and the damage is evident in large numbers of associated traffic fatalities and injuries, fires, drowning, suicides, violent crime, domestic violence, ruined careers, divorces, birth defects, and children with permanent emotional damage. More than one-half of American adults have a close family member who has been alcohol dependent, and each year more than 19 million kids – or one in four – are exposed to family alcoholism or alcohol abuse before they reach 18. Despite the fact that 21 is the minimum legal drinking age in every state, however, alcohol remains the number one drug of choice among our nation's youth, far surpassing the use of all illicit drugs. Alcohol kills and injures more youth than all illicit drugs combined.

Alcohol use begins at a very young age, and the proportion of young people who drink often or heavily is alarming. Bingeing begins as early as the sixth grade and continues into the college years. Mounting scientific evidence shows that early use contributes to poor school performance and school dropouts, increases suicides and attempted suicides, leads to increased early sexual activity, and is a leading factor in exposure to sexually transmitted diseases and unplanned teen pregnancy. Despite so many negative consequences, drinking by children and young adolescents is a major health problem not yet widely acknowledged in this country. Among college-age youth, more extreme forms of drinking are escalating and creating a crisis of adverse consequences affecting all students on campus, both drinkers and non-drinkers alike.

### *Intervention Strategies*

Although the scope of underage drinking is not widely acknowledged by the public, NIAAA has undertaken two major initiatives that are addressing this issue. First, *Leadership to Keep Children Alcohol Free* is a unique coalition formed by 33 Governors' spouses, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), five other Federal partners, The Robert Wood Johnson Foundation, and public and private organizations to prevent the use of alcohol by children ages 9 to 15. This national initiative has two primary objectives: 1) to convince the American public that alcohol consumption by 9- to 15-year-olds is a serious problem that warrants national attention, and 2) to mobilize and sustain prevention activities at community, State, and national levels. Second, the National Advisory Council of the NIAAA set up a Commission on College Drinking in order to assess the consequences of excessive and underage drinking on college campuses and develop recommendations regarding science-based guidance for colleges and universities on interventions that work.

*The Challenge: Creating a National Discourse for the Prevention of Underage Drinking*  
Based on its National Issues Forums on Alcohol, preliminary findings by the Kettering Foundation indicate that the public approaches alcohol problems from a personal perspective through personal stories and observations of alcoholism. For many participants, this is perhaps the first time that they have discussed what many consider a private issue in a public forum. It is surprising to see how much of the public's understanding and discussion of the alcohol issue rely on deeply entrenched popular perceptions rather than factual data. Rather, the old morality attached to popular beliefs about alcohol abuse and alcoholism still prevents the public from dealing with these problems objectively and effectively.

We have clear evidence from research, however, that alcoholism is a disease. Research in genetics further supports this position. Just a few decades ago, cancer was shunned in much the same way as alcoholism is today. Only when the silence about cancer was overcome did funding for research increase and treatment and prevention efforts improve dramatically. The lesson to be learned is that by publicly acknowledging the disease, there will be greater success in preventing, treating and eventually curing it. **Public discussion informed by sound information is the first step in moving toward public policy.**

Among the many possible ways of engaging the public in a results-oriented discussion of the alcohol issue, the most effective approach may be to target the compelling yet neglected problem of early onset drinking among children aged 9 to 15. Two messages related to underage drinking and driving ("Don't drink and drive" and "Designated driver") have been effective but are still limited because both messages imply approval of underage drinking if driving is not involved. We must also find ways of alerting the country to early alcohol use as **a major public health problem that is entirely preventable.**

## 2. Purpose of the Focus Group Study

As the first essential step in developing effective messages, we propose to undertake a focus group study to determine the most compelling way to frame the early onset drinking issue for parents, the media, and policy makers. Young people who consume alcohol need to be held responsible for their actions, but it is adults who produce, advertise, promote, and provide alcohol to youth in our communities. Focus group study discussions will therefore be conducted among groups of adults whose behaviors and decisions frequently have a direct bearing on underage drinking. Many adults, including parents, for example, regard early alcohol use as just another "rite of passage" like learning to drive or going on a date. Parent focus groups will be used to determine how the seriousness of underage drinking is communicated most effectively in order to break through this apathy and prompt preventive action. Discussions with the media will focus on its potential role in informing the public about youth alcohol-related issues beyond the current trend of reporting alcohol-related events, such as traffic fatalities. Focus group discussions among the third critical group of adults will determine how the underage drinking issue can best be framed to promote action by policy makers with respect to the promotion, sale, and availability of alcohol to youth in communities.

### 3. Tasks to be Performed

Independently, and not as an agent of the Government, the contractor shall furnish all necessary labor, supervision, materials, supplies, equipment, and services and perform the work set forth below.

A qualified professional with expertise in conducting alcohol-related qualitative research will design and moderate the focus group study. Before the groups begin, the facilitator will provide a draft screener and moderator guide for approval by NIAAA. There will be a total of fourteen groups, six comprised of parents, four of media representatives, and four of policy makers. Each focus group will be comprised of 6-8 participants. The focus groups convened will be representative of geographic regions and population groups, as well as members of the media and decision making bodies. Proposed sites include Baltimore, Chicago, Sacramento, Denver and at least two rural communities. The focus groups will be held in facilities designed for such purposes and with the ability to recruit participants. The facilities will have a viewing room for up to 8 observers. At the conclusion of the fourteen focus groups, the facilitator will prepare a preliminary report, followed by a final focus group report that will include the screener guide, focus group instrument, an executive summary of the results, and a detailed summary of each section. Results will include specific recommendations regarding effective communication of the underage drinking issue to each of the three major groups, so that the final report will constitute the research document upon which further message development will be based.

### 4. Schedules and Deliverables

<u>Task</u>	<u>Description</u>	<u>Due Date</u>
1	Focus Group Screener	2 weeks from start
2	Moderators Guide and	
3	Focus Groups Plan	4 weeks from start
4	Focus Groups	8 weeks from start
5	Focus Group Report: Preliminary	10 weeks from start
6	Focus Group Report: Final	13 weeks from start

### 5. Minimum Skills and Experience Requirements

- Expertise in qualitative research
- Knowledge of issues surrounding alcohol abuse and dependence
- Ability to prepare documents and reports that clearly describe objectives and tools of focus groups with corresponding analysis and recommendations

## G. EVALUATION FACTORS:

### 1. Technical Factors

The evaluation factors and assigned weights which will be used in the technical review of submitted proposals are:

<u>Criteria</u>	<u>Weight</u>
a. <u>Understanding the Purpose</u> The offeror must demonstrate an understanding of the purpose of the project, and an appreciation for the significance of this serious health problem.	15 Points
b. <u>Technical Approach</u> The technical approach must be complete, efficient, feasible, and flexible. It must:  (1) identify and discuss potential problems in all elements of the SOW, and propose feasible solutions and/or strategies to prevent such problems,  (2) clearly demonstrate procedures to ensure the highest quality of work for performing all aspects of the various tasks specified in the SOW,  (3) clearly describe the offeror's system and related procedures for ensuring the highest level of quality control for each product developed and handled under the contract, including those prepared under subcontract,  (4) include a schedule, with time lines, for performing all tasks and meeting all deadlines for reporting and deliverable requirements; describe procedures that ensure deadlines will be met; and demonstrate the ability to modify the schedule easily in case unforeseen changes must be made in the SOW.	30 Points
c. <u>Personnel</u> The offeror must document the qualifications, capabilities, and experience of the proposed Project Director. Specifically, the offeror must demonstrate expertise in qualitative research, knowledge of issues surrounding alcohol abuse and dependence, and the ability to prepare documents and reports that clearly describe objectives and tools of focus groups with corresponding analysis and recommendations. A resume must be submitted and reflect adequate qualifications for, and experience with, the tasks required in the SOW.	35 Points
d. <u>Corporate Management Capability and Facilities</u> The offeror must describe the corporate capabilities and corporate experience with similar projects.  The offeror must provide evidence of the availability and adequacy of facilities and equipment necessary to perform this project.	20 Points

## 2. Past Performance Factors

The Government will evaluate the quality of the offeror's past performance based on information obtained from references provided by the offeror, as well as other relevant past performance information obtained from other sources known to the Government.

By past performance, the Government means the offeror's record of conforming to specifications and to standards of good workmanship and quality control; the contractor's record of forecasting and controlling costs; the offeror's adherence to contract schedules, including the administrative aspects of performance; the offeror's reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the offeror's businesslike concern for the interests of the customer.

Evaluation of past performance will be a subjective assessment based on a consideration of all relevant facts and circumstances. It will not be based on absolute standards of acceptable performance. The Government is seeking to determine whether the offeror has consistently demonstrated a commitment to customer satisfaction and timely delivery of services at fair and reasonable prices.

The assessment of the offeror's past performance will be used as a means of evaluating the relative capability of the offeror and the other competitors. Thus, an offeror with an exceptional record of past performance may receive a more favorable evaluation than another whose record is acceptable, even though both may have acceptable technical proposals.

Past performance will not be scored, but the Government's conclusions about overall quality of the offeror's past performance will be highly influential in determining the relative merits of the offeror's proposal and in selecting the offeror whose proposal is considered most advantageous to the Government.

The Government will consider the number or severity of an offeror's problems, the effectiveness of corrective actions taken, the offeror's overall work record, and the age and relevance of past performance information.

The lack of a performance record may result in an unknown performance risk assessment, which will neither be used to the offeror's advantage nor disadvantage.

## H. REPORTING REQUIREMENTS:

All information and materials pursuant to this contract are the property of the U.S. Government. The contractor is enjoined against unauthorized release of the facts, findings, and written materials from this contract without the written authorization of NIAAA. Three hard copies, along with a copy on a diskette in WordPerfect or MicrosoftWord of each deliverable shall be submitted to the NIAAA Contracting Officer no later than the due dates listed in Item E above. If the deliverable is deemed

unacceptable, the contractor must resubmit a modified deliverable to reflect the appropriate changes requested by the Contracting Officer.

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**PART II - CONTRACTOR'S REPLY:**

**TO # NICS-54\_\_\_\_\_ CONTRACT #263-01-D-0\_\_\_\_\_**

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method:

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: \_\_\_\_\_  
Signature Date

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**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED  
THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE  
PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED: \_\_\_\_\_  
FAX # Signature - Project Officer Date

APPROVED: \_\_\_\_\_  
FAX # Signature - Contracting Officer Date

**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL  
OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: \_\_\_\_\_  
Signature -Anthony M. Revenis, J.D., NIH-ICS Coordinator Date